

Name  
in  
Full

Margaret Virginia Appley

## CERTIFICATE OF DEATH

MARYLAND

Died at

Rock Hall

Town

Kent

County

Date

of death 1907

Month

May

Day

30

Age

Years

67

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Baltimore Md

Occupation

Housewife

Where Residing if not  
at place of death

Baltimore Md

~~Married~~ Single  
or Widowed

Widowed

Name of Wife or  
Husband

Joseph R. Appley

Father's  
Name

Noah Pratt

Father's  
Birthplace

England

Mother's  
Maiden Name

Martha Harris

Mother's  
Birthplace

Baltimore Md

Name of person giving  
Information

Capt G. E. Appley

How related  
to deceased

Sister in Law

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

5 months

Immediate

Exhaustion

How long

One week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

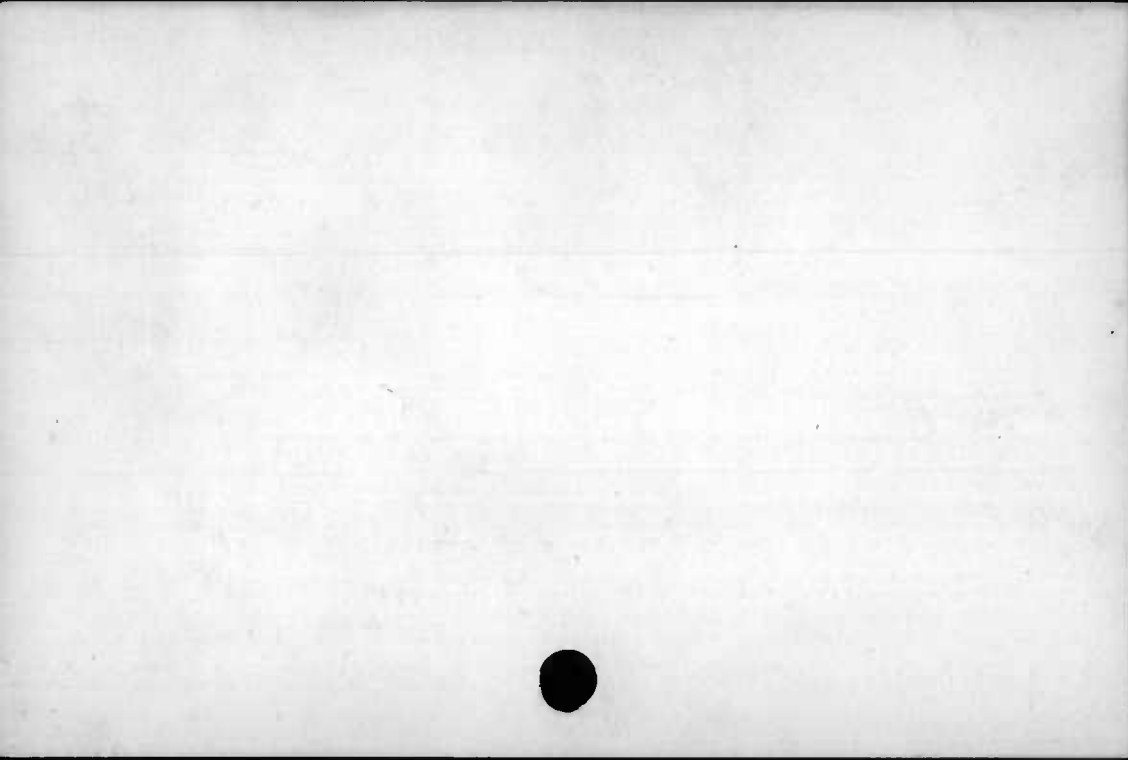
H. R. Pratt Md

Address

Rock Hall Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

William T. Benton.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

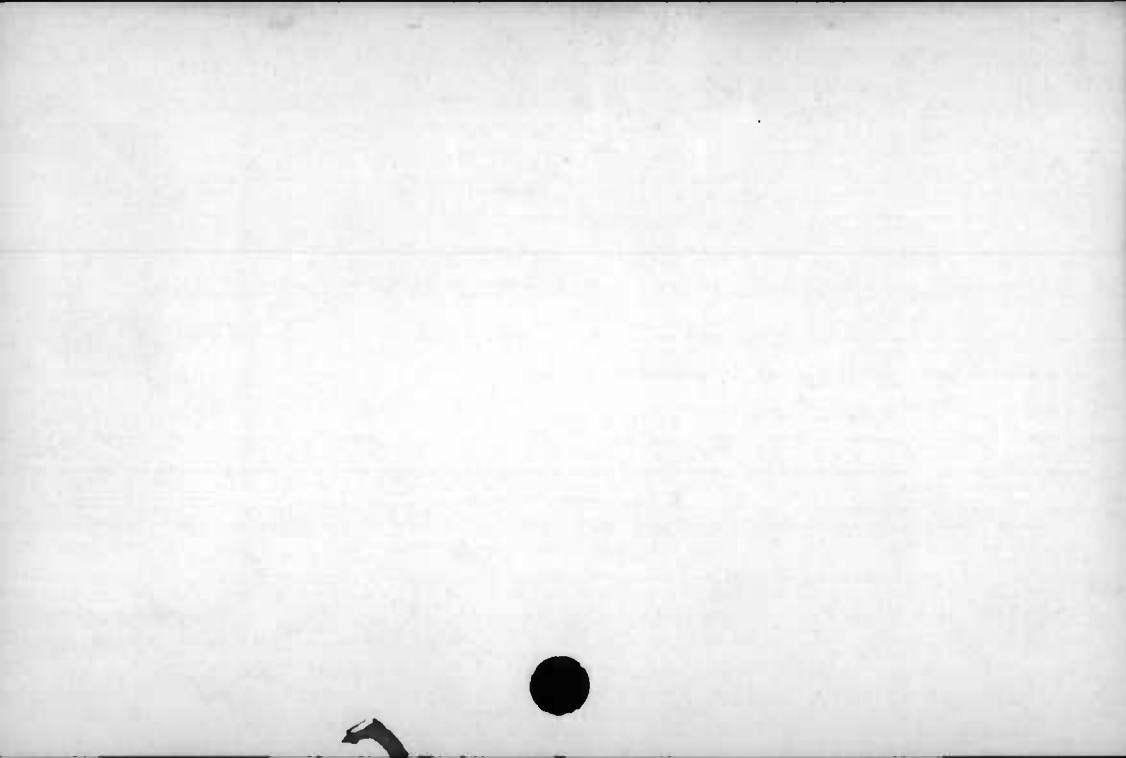
Died at <i>Millington</i> <sup>Town</sup>		County <i>Kent</i>		MARYLAND	
Date of death <i>1907</i> <sup>Month</sup> <i>May</i>		Day <i>18</i> Age <i>59</i> Years		Months <i>6</i> Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Robertine Luby</i>			
Father's Name <i>W E Benton</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Amanda Wences</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Benj E. Benton</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

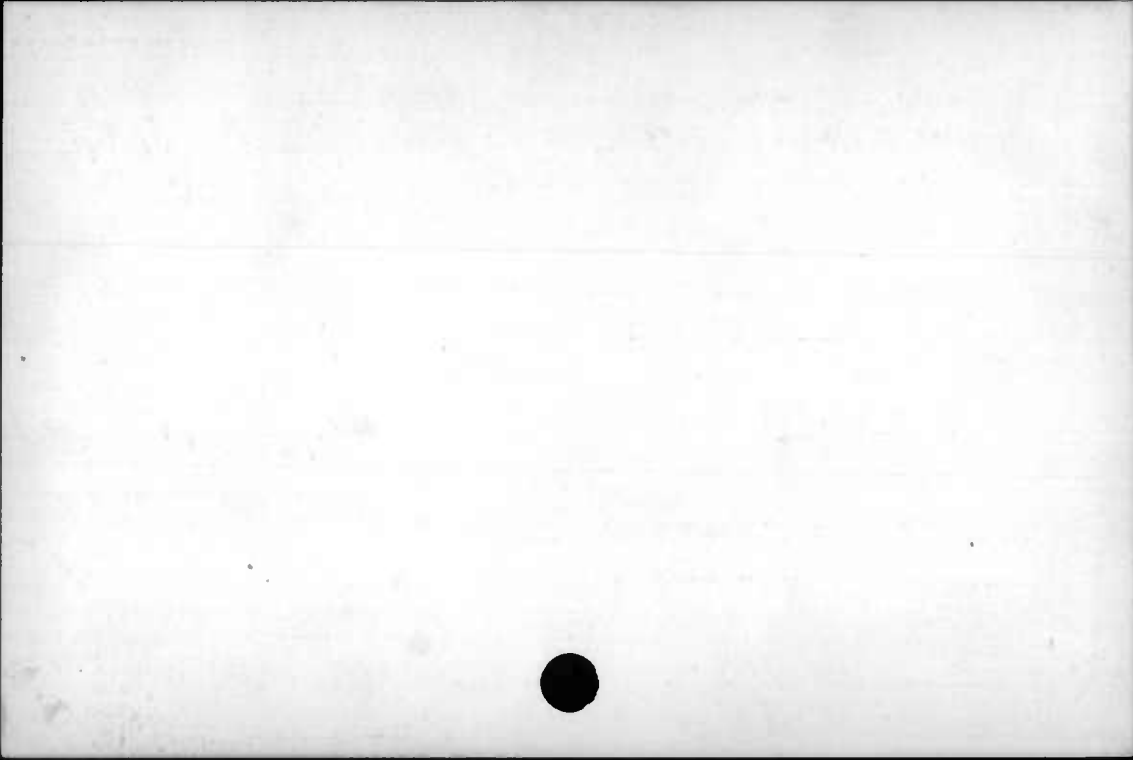
27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>N M. Jeter,</i>
	Address <i>Millington, Md.</i>
Accident or Suicide?	



Name in Full		Hiram Meritt Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Chestertown</u>			County <u>Kent</u>		MARYLAND	
	Date of death	1907	May	19	Age	47	Months 11 Days 29
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Grain & Flouring, Commission		Where Residing if not at place of death		Chestertown Md	
	Married, Single or Widowed	Married		Name of Wife or Husband	Mary Carter		
	Father's Name	Hiram Brown			Father's Birthplace	Kent Co	
	Mother's Maiden Name	Mary E. Meritt			Mother's Birthplace	Kent Co.	
Name of person giving information	Mrs Mary Brown			How related to deceased	Wife		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Arterio-sclerosis			How long	Several years	
	Immediate	Cerebral Hemorrhage			How long	a few minutes	
	Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	W. Frank Barnes	
				Address	Chestertown		
	Accident or Suicide?			Mm			Md



Name in Full		Minty Cotton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Fairlee <sup>Town</sup>		Kent <sup>County</sup>		MARYLAND	
	Date of death	1907	May	9th	Age	13	Months 9 Days
	Sex	Female		Color or Race	Coul		Birth-place
	Occupation	School girl		Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Henry Cotton				Father's Birthplace	Ind
	Mother's Maiden Name	Harriet Butler				Mother's Birthplace	Ind
Name of person giving information	Father				How related to deceased		
<div>CAUSES OF DEATH</div> <div>27</div>							
PHYSICIAN OR CORONER	Primary	Acute Tuberculosis				How long	3 months
	Immediate	Exhaustion				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		J. G. Simpson	
		No		Address		Fairlee town	
Accident or Suicide?		No					

f. e. v.

France com



Name  
in  
Full

Annie Getshall

Copy

## CERTIFICATE OF DEATH

Died at Fairlee Town

Kent County

MARYLAND

Date

of death

1907

Month

May

Day

1

Years

Age

34

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Kent Co.

Occupation

Housewife

Where Residing if not  
at place of death

Fairlee

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

William S. Getshall

Father's  
Name

Wm. Leavers

Father's  
Birthplace

Kent Co.

Mother's  
Maiden Name

Helen Thompson

Mother's  
Birthplace

Kent Co.

Name of person giving  
Information

J. F. Getshall

How related  
to deceased

Bro-in-law

## CAUSES OF DEATH

(93)

Primary

Pneumonia

How long

Do not know

Immediate

Meningitis

How long

5 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

H. B. Simmons

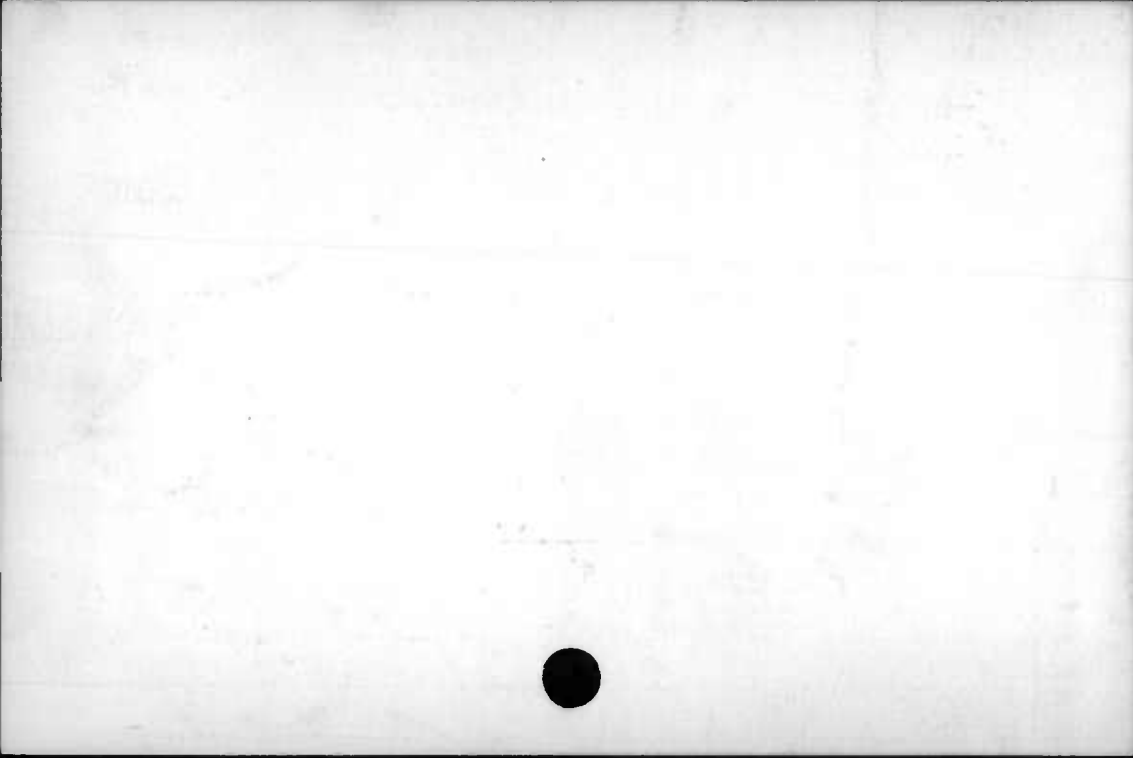
Address

Chester town  
md.

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Angela Hatcherson  
 Town Edesville County Kent

CERTIFICATE OF DEATH

MARYLAND

Died at Edesville  
 Date of death 1907 May 9 Age 2 Months 8 Days

Sex Female Color or Race White Birth-place Rock Hall

Occupation \_\_\_\_\_ Where Residing if not at place of death Near Golchester

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name B. C. Hatcherson

Father's Birthplace Fairlee Kent Co Md

Mother's Maiden Name Mary R. Willson

Mother's Birthplace Edesville Md

Name of person giving information B. C. Hatcherson

How related to deceased Father

## CAUSES OF DEATH

92  
How long

Primary Congestion of Lungs

Immediate Pneumonia Catarrh

How long 3 days

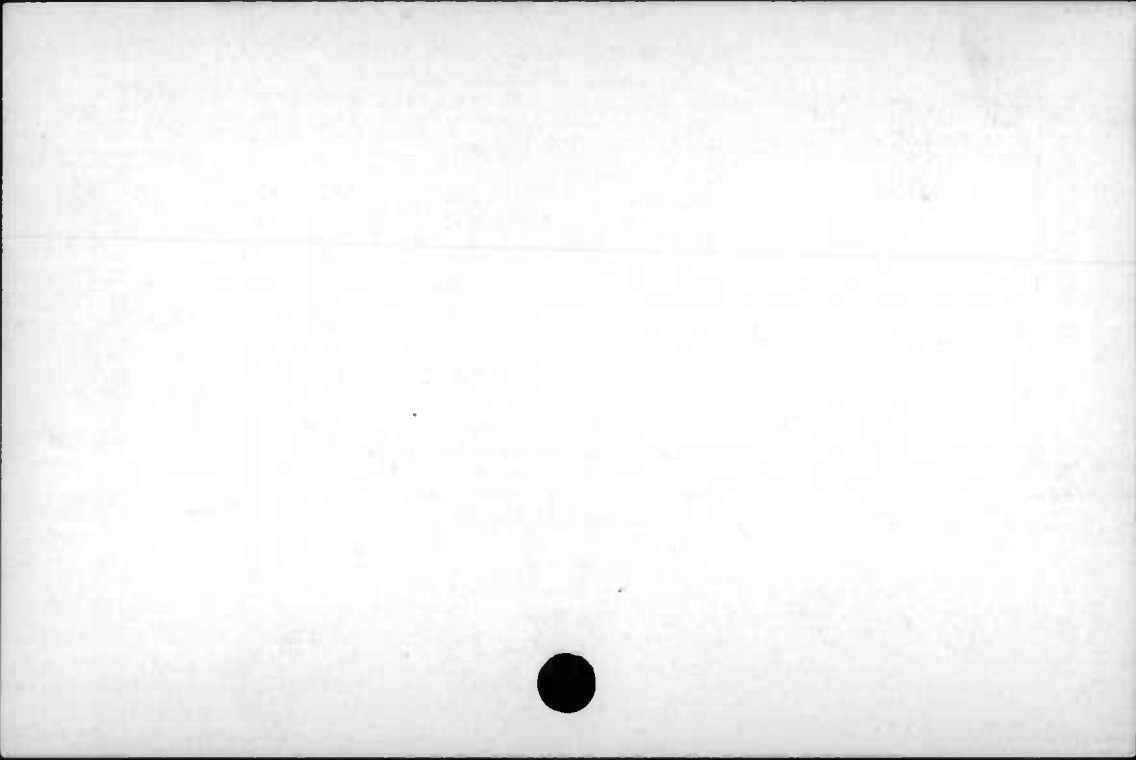
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Thos B Willson

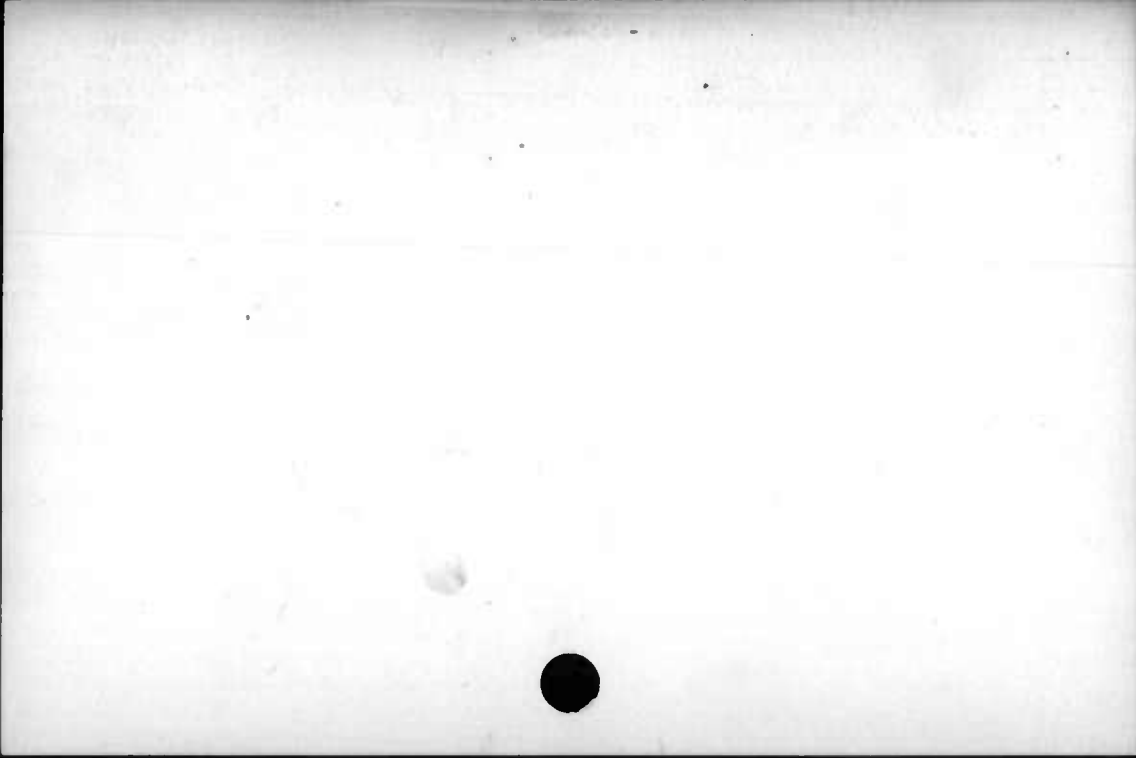
Address Edesville Kent Co Md

Accident or Suicide? \_\_\_\_\_

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Golden V. Hutchins				CERTIFICATE OF DEATH	
Died at		Town Solts		County Kent		MARYLAND	
Date of death		190	7	5	24	Age	Years 11
Sex		Female		Color or Race		Black	
Occupation				Where Residing if not at place of death		Solts Md	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Samuel Hutchins		Father's Birthplace		Md	
Mother's Maiden Name		Nettie Morgan		Mother's Birthplace		Penn	
Name of person giving information		Rachael Hutchins		How related to deceased		Grandmother	
CAUSES OF DEATH							
Primary		Pneumonia				How long	
Immediate		As I only examined body after death. Died without med. attention				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. W. H. Jacobs	
				Address		Millington Md	
Accident or Suicide?							



Name  
in  
Full

Rachel J. Hynson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Morgantown		County Kent		MARYLAND	
Date of death		1907	Month May	Day 16	Age 40	Years	Months Days
Sex Female		Color or Race Col		Birth- place Md			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband Wm Hynson			
Father's Name Geo Simpson		Father's Birthplace Md					
Mother's Maiden Name Jane Bright		Mother's Birthplace Md					
Name of person giving In formation Husband		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Intercranial	(27)	How long	4 months
Immediate	Exhaustion		How long	several days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician H. G. Simpson	
		No	Address Cheestown, Md	
Accident or Suicide?		No		

Maryne



Name  
in  
Full

James H. Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Coleman</i>		County <i>Hent</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>23</i>	Age <i>1</i>	Months <i>7</i>	Days <i>13</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Daniel Martin</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Annie White</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Daniel Martin</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Hydrocephalus</i>	<i>150</i>	How long
Immediate	<i>"</i>		How long
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	
Signature of Physician		<i>L. P. Atwell M.D.</i>	
Address		<i>Still Pond</i>	
Accident or Suicide?		<i>Ind</i>	

Coleman.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Still Pond</b> <small>Town</small>		<b>Kent</b> <small>County</small>		MARYLAND	
Date of death <b>1907</b>	<b>May</b> <small>Month</small>	<b>24</b> <small>Day</small>	<b>—</b> <small>Years</small>	<b>10</b> <small>Months</small>	<b>6</b> <small>Days</small>
Sex <b>male</b>	Color or Race <b>Black</b>		Birth-place <b>md</b>		
Occupation <b>—</b>			Where Residing if not at place of death <b>—</b>		
Married, Single or Widowed <b>—</b>			Name of Wife or Husband <b>—</b>		
Father's Name <b>William Miles</b>			Father's Birthplace <b>U.S.</b>		
Mother's Maiden Name <b>Mary Redding</b>			Mother's Birthplace <b>U.S.</b>		
Name of person giving information <b>Thos Redding</b>			How related to deceased <b>Grandfather</b>		

CAUSES OF DEATH

**151**

PHYSICIAN  
OR CORONER

Primary <b>Marasmus.</b>	How long
Immediate <b>Convulsions</b>	How long
Are the name, age, sex, color, date and place correctly given above? <b>yes.</b>	Signature of Physician <b>L. P. Atwell M.D.</b>
	Address <b>Still Pond md</b>
Accident or Suicide? <b>—</b>	

mt gion.

Name  
in  
Full

Albert Pritchett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Charlestown</i>		Town		<i>Kent</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>25</i>		Age <i>—</i>		Years <i>—</i>	
Sex <i>Male</i>		Color or Race <i>W</i>		Birth-place <i>Ind</i>		Months <i>8</i>		Days <i>—</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>					
Father's Name <i>Chas Akers</i>				Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Helen Pritchett</i>				Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Mary Pritchett</i>				How related to deceased <i>Grand mother</i>					

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Mal-nutrition</i>		How long <i>Several months</i>	
Immediate <i>Exhaustion</i>		How long <i>Several weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Robt. Moffett, Cor.</i>	
		Address <i>Charlestown</i>	
Accident or Suicide? <i>No</i>		<i>ma.</i>	

Col. Cemetery District.

Name  
in  
Full

Henry Rigby

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Chester

County

North

Date

of death

1907

Month

11

Day

21

Years

60

Age

Months

Days

Sex

Male

Color or  
Race

Black

Birth  
place

Kent Co Md

Occupation

Farm Hand

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

✓

Father's  
Name

Dont. Know

Father's  
Birthplace

✓

Mother's  
Maiden Name

Dont. Know

Mother's  
Birthplace

✓

Name of person giving  
information

Joe Rigby

How related  
to deceased

Self

## CAUSES OF DEATH

Primary

Drowning

93

How long

6 Weeks

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

B. W. H. and W. M.

Address

Chester North

Accident or Suicide?

Swamp Neck, ca. 1800



Name  
in  
Full

Caroline Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Chesterbrook Whf.*

Town

County

MARYLAND

Date

of death 1907

Month

May

Day

30

Age

Years

87

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

Household maid  
until 2 years agoWhere Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Christian Snyder

Father's  
Name

don't know

Father's  
BirthplaceMother's  
Maiden Name

don't know

Mother's  
BirthplaceName of person giving  
In formation

Edw. J. O'Meara

How related  
to deceased

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

Old age

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Harry L. Dose

Address

Chesterbrook Md.

Accident or Suicide?

June 1<sup>st</sup> 1905

Chester Secretary

John W. Dodd

Wm. C. C. C.

Name  
in  
Full

Herbert E. Stausberry

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chesbiter</i> <sup>Town</sup>		<i>Kent.</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	May	Day	27
Age	5	Years		Months	6
Sex	Female	Color or Race	Black	Birth-place	Kent. Island Md
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	✓	Name of Wife or Husband			
Father's Name	<i>John Stausberry Smith</i>			Father's Birthplace	Va
Mother's Maiden Name	<i>Mrs. E. Stausberry</i>			Mother's Birthplace	Kent Island Md
Name of person giving information	<i>M. J. F. Legg</i>			How related to deceased	None

## CAUSES OF DEATH

Primary	<i>Meningitis &amp; pneumonia</i>	How long	<i>14 days</i>
Immediate	<i>&amp; pneumonia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>C. W. Whalant</i>	
		Address	
		<i>Chesbiter Md</i>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER

Kent Island

Name  
in  
Full

*George Edward White*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

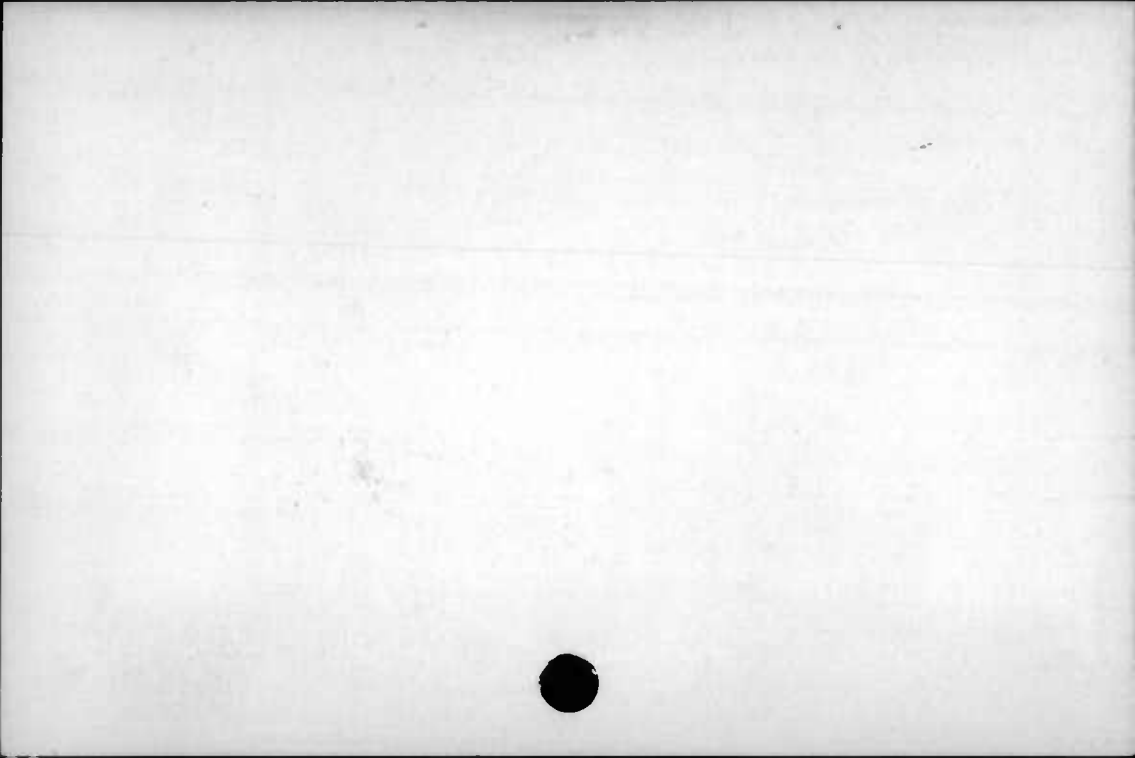
Died at <i>Millington</i> <sup>Town</sup>		County <i>Kent</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>1</i>	Age Years <i>20</i>	Months <i>8</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Delaware</i>		
Occupation <i>Farm hand</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>George White</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>Martha Camonille</i>	How related to deceased <i>Mother</i>				
Name of person giving information <i>Martha Teller</i>					

CAUSES OF DEATH

**27**

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>about 2 years.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm Jeter</i>
	Address <i>Millington, Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Mary Edinibet White</b>		Town <b>Coleman</b>		County <b>Kent</b>		State <b>MARYLAND</b>	
Died at <b>Coleman</b>		Month <b>May</b>		Day <b>12</b>		Age <b>47</b>	
Date of death <b>1907</b>		Month <b>May</b>		Day <b>12</b>		Years <b>47</b>	
Sex <b>female</b>		Color or Race <b>black</b>		Birth-place <b>md</b>		Months <b>—</b>	
Occupation <b>Housewife</b>		Where Residing if not at place of death <b>Still Pond Creek</b>		Months <b>—</b>		Days <b>—</b>	
Married, Single or Widowed <b>married</b>		Name of Wife or Husband <b>George white</b>		Father's Birthplace <b>U. S.</b>		Mother's Birthplace <b>U. S.</b>	
Father's Name <b>George Martin</b>		Mother's Maiden Name <b>Mary Wilmer</b>		How related to deceased <b>Brother</b>		Name of person giving information <b>Alex Martin</b>	

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <b>Acute Indigestion</b>		How long	
Are the name, age, sex, color, date and place correctly given above? <b>yes.</b>		Signature of Physician <b>L. P. Atwell M.D.</b>	
		Address <b>Still Pond</b>	
Accident or Suicide?		<b>md</b>	

Colman